

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) 00065845	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR. NICKNAME	FIRST JOSIAH LAST	MI J SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY, STATE, ZIP CODE 8324 BURRELL DR. AUSTIN TX 78757		OFFICE USE ONLY Date Received JUL 14 PM 3 49 Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 487-5689		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR. NICKNAME	FIRST DAN LAST	
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE 8324 BURRELL DR. AUSTIN TX 78757		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 809-5065		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 10 / 2014 6 / 30 / 2014		
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 2014	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) AUSTIN CITY COUNCIL - DISTRICT 7	
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME JOSIAH J. INGALLS **15 ACCOUNT # (Ethics Commission Filers)** 00065845

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ ϕ
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 190.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ ϕ
	4. TOTAL POLITICAL EXPENDITURES	\$ 4664.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3513.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 8,000

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Josiah Ingalls
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Josiah Ingalls, this the 14th day of July, 2014, to certify which, witness my hand and seal of office.

Deena Estrada-Salinas
Signature of officer administering oath

Deena Estrada-Salinas
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1	
2 FILER NAME JOSIAH J. INGALLS		3 ACCOUNT # (Ethics Commission Filers) 00065845	
4 Date 6/8/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEPHEN F. SILVA	7 Amount of contribution (\$) \$100⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code P.O. BOX 2003 VASHON, WA 98070		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) MOVIE PRODUCER		10 Employer (See Instructions) BIG JOY PROJECT	
Date 6/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATHER WELCH	Amount of contribution (\$) \$20⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 181 BLACKFOOT TRAIL BANDERA, TX 78003		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) TRUCK DRIVER / HOUSEWIFE		Employer (See Instructions)	
Date 6/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN MCGOWAN	Amount of contribution (\$) \$20⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 8324 BURNELL DR. AUSTIN, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PROGRAM SPECIALIST		Employer (See Instructions) TEXAS DFPS	
Date 6/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THOMAS WARDEN	Amount of contribution (\$) \$50⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6314 KENILWORTH DRIVE AUSTIN, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) DIVISION DIRECTOR		Employer (See Instructions) TEXAS DFPS	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

PLEGGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 4	
2 FILER NAME JOSIAH JAMES INGALLS		3 ACCOUNT # (Ethics Commission Filers) 00065845	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date 5/30/14	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLLY L. JONES	8 Amount of pledge (\$) \$200.00	9 In-kind description (if applicable)
7 Pledgor address; City, State, Zip Code 9109 FOSTWOOD TRAIL AUSTIN, TX 78729		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions) PROGRAM SPECIALIST		11 Employer (See Instructions) TEXAS DFPS	
Date 6/14/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAN THOMAS MEGOWAN	Amount of pledge (\$) \$330.00	In-kind description (if applicable)
Pledgor address; City, State, Zip Code 8324 BURRELL DRIVE AUSTIN, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PROGRAM SPECIALIST		Employer (See Instructions) TEXAS DFPS	
Date 6/14/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEATHER WELCH	Amount of pledge (\$) \$330.00	In-kind description (if applicable)
Pledgor address; City, State, Zip Code 181 BLACKFOOT TRAIL BANDERA, TX 78003		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) HOME MAKER		Employer (See Instructions) SELF	
Date 6/14/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM WELCH	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City, State, Zip Code 181 BLACKFOOT TRAIL BANDERA, TX 78003		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) TRUCK DRIVER (COMMERCIAL)		Employer (See Instructions)	
Date 6/15/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDALL INGALLS	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City, State, Zip Code 1360 C.H. MATTHIAS, APT. 301 SEGUIN, TX 78155		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 4	
2 FILER NAME JOSIAH JAMES INGALLS		3 ACCOUNT # (Ethics Commission Filers) 00065845	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date 6/15/14	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: FLORA INGALLS	8 Amount of pledge (\$) \$350.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 1360 C.H. MATTHIES, APT. 301 SEGUIN, TX 78155		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions) RETIRED		11 Employer (See Instructions)	
Date 6/10/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: BARBARA CAPOZZOLI	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 701 WOODWARD ST. #817 AUSTIN, TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/20/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: MONICA NOWICKI	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 531 FORSHAGE BLVD. SEGUIN, TX 78155		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/20/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: CARL NOWICKI	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 531 FORSHAGE BLVD. SEGUIN, TX 78155		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/25/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: ISAIAH INGALLS	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 570 BEVERLY LANE NEW BRAUNFELS, TX 78130		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) CORRECTIONS OFFICER		Employer (See Instructions) GUADALUPE COUNTY SHERIFF'S OFFICE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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PLEGGED CONTRIBUTIONS**SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 4	
2 FILER NAME JOSIAH JAMES INGALLS		3 ACCOUNT # (Ethics Commission Filers) 00065845	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date 6/25/14	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) KERRI INGALLS	8 Amount of pledge (\$) \$350.00	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 570 BEVERLY LANE NEW BRAUNFELS, TX 78130		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions) HOMEMAKER		11 Employer (See Instructions) SELF	
Date 6/26/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) KELLY BOHANNAN	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 7202 WISHING WELL DR. AUSTIN, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF	
Date 6/26/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRYAN BOHANNAN	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 7202 WISHING WELL DR. AUSTIN, TX 78745		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) AUTO MECHANIC		Employer (See Instructions)	
Date 6/27/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL TANNERT	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 5314 MISSOURI BEND SAN ANTONIO, TX 78240		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/29/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY LESKO	Amount of pledge (\$) \$350.00	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 600 CARGILL DR. SPICEWOOD, TX 78669		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) PHARMACIST TECHNICIAN		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: 4	
2 FILER NAME JOSIAH JAMES INGALLS		3 ACCOUNT # (Ethics Commission Filers) 00065845	
4 TOTAL OF UNITEMIZED PLEDGES: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨ \$			
5 Date 6/30/14	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: PALMER STEVENS	8 Amount of pledge (\$) \$350⁰⁰	9 In-kind description (if applicable)
7 Pledgor address; City; State; Zip Code 14 YUCCA AUSTIN, TX 78744		(If travel outside of Texas, complete Schedule T)	
10 Principal occupation / Job title (See Instructions) SOFTWARE DEVELOPER		11 Employer (See Instructions) SELF-EMPLOYED	
Date 6/30/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: SHANNON FRENZEL	Amount of pledge (\$) \$350⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 206 QUAIL CIRCLE HUTTO, TX 78634		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) HOMEMAKER		Employer (See Instructions) SELF	
Date 6/30/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: DENNIS COX	Amount of pledge (\$) \$350⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 2525 W ANDERSON LANE AUSTIN, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) HAIR DRESSER		Employer (See Instructions) SELF-EMPLOYED	
Date 6/30/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: SHELDON HENRY-VALLA	Amount of pledge (\$) \$350⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 2760 E. BUTLER AVE. FLAGSTAFF, AZ 86004		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) N/A	
Date 6/30/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: VINCENT PAIZ	Amount of pledge (\$) \$350⁰⁰	In-kind description (if applicable)
Pledgor address; City; State; Zip Code 1748 OWLEN RD #19 AUSTIN, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

JOSIAH JAMES INGALLS

3 ACCOUNT # (Ethics Commission Filers)

00065845

4 TOTAL OF UNITEMIZED LOANS: ⇨ ⇨ ⇨ ⇨ ⇨ ⇨

\$

5 Date of loan

4/25/2014

7 Name of lender

JOSIAH JAMES INGALLS

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$1,000⁰⁰

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

8324 BURRELL DRIVE, AUSTIN, TX, 78757

10 Interest rate

0

11 Maturity date

N/A

12 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

13 Employer (See Instructions)

AUSTIN AREA LANDSCAPING

14 Description of Collateral

none

15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

5/3/2014

Name of lender

JOSIAH JAMES INGALLS

out-of-state PAC (ID#: _____)

Loan Amount (\$)

\$7,000⁰⁰

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

8324 BURRELL DRIVE, AUSTIN, TX, 78757

Interest rate

0

Maturity date

N/A

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

AUSTIN AREA LANDSCAPING

Description of Collateral

none

Check if personal funds were deposited into political account

GUARANTOR INFORMATION

not applicable

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME JOSIAH JAMES INGALLS	3 ACCOUNT # (Ethics Commission Filers) 00065845
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4 Date 5/2/2014	5 Payee name SHARRI ANNA RICE
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6 Amount (\$) \$500 ⁰⁰	7 Payee address; City; State; Zip Code 6403 B CHIMNEY CREEK CIRCLE, AUSTIN, TX 78723
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description (If travel outside of Texas, complete Schedule T) MONTHLY COMPENSATION
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/9/2014	Payee name VICTORY STORE.COM
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Amount (\$) \$30.91	Payee address; City; State; Zip Code NONE - WEBSITE
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising - CAMPAIGN MATERIALS	Description (If travel outside of Texas, complete Schedule T) 2 MAGNETIC NAME BADGES
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/9/2014	Payee name YAHOO.COM
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Amount (\$) \$101.77	Payee address; City; State; Zip Code NONE - WEBSITE
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE	Description (If travel outside of Texas, complete Schedule T) CAMPAIGN WEBSITE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/1/2014	Payee name SHARRI ANNA RICE
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Amount (\$) \$500 ⁰⁰	Payee address; City; State; Zip Code 6403 B CHIMNEY CREEK CIRCLE, AUSTIN, TX 78723
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) CONSULTING EXPENSE	Description (If travel outside of Texas, complete Schedule T) MONTHLY COMPENSATION
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME JOSIAH JAMES WALLS	3 ACCOUNT # (Ethics Commission Filers) 00065845
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4 Date 6/3/2014	5 Payee name OFFICE DEPOT
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6 Amount (\$) \$138.08	7 Payee address; City; State; Zip Code 2620 W. ANDERSON LANE, AUSTIN, TX 78757
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER - OFFICE SUPPLIES - CAMPAIGN	(b) Description (If travel outside of Texas, complete Schedule T) PRINTER CARTRIDGES, PAPER, PENS, ETC.
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/8/2014	Payee name STILES SWITCH BBQ & BREW
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 6610 N. LAMAR, AUSTIN, TX 78757
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE	Description (If travel outside of Texas, complete Schedule T) DEPOSIT - CAMPAIGN KICKOFF PARTY
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/15/2014	Payee name MATTHEW DEVAY
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Amount (\$) \$150.00	Payee address; City; State; Zip Code 2002-A KENNETH, AUSTIN, TX 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) WAGES - PROFESSIONAL SERVICES	Description (If travel outside of Texas, complete Schedule T) PHOTOGRAPHY FOR CAMPAIGN WEBSITE
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 6/10/2014	Payee name MY CAMPAIGN STORE
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Amount (\$) 2072.33 \$2072.33	Payee address; City; State; Zip Code NONE - WEBSITE
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising; CAMPAIGN MATERIALS	Description (If travel outside of Texas, complete Schedule T) SIGNS, BANNERS, STICKERS, ETC.
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME JOSIAH JAMES INGALLS		3 ACCOUNT # (Ethics Commission Filers) 00065845	
4 Date 6/15/2014		5 Payee name SHARRIANN RICE			
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code 6403B CHIMNEY CREEK CIRCLE, AUSTIN, TX 78723			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) CONSULTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) FINAL COMPENSATION	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/16/2014		Payee name STILES SWITCH BBQ 2 BREW			
Amount (\$) \$462.36		Payee address; City; State; Zip Code 6610 N. LAMAR, AUSTIN, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) BBQ, SALAD, SIDES, ETC.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/14/2014		Payee name PAY PAL			
Amount (\$) 0.54		Payee address; City; State; Zip Code paypal.com website			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) Payment Fee	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME JOSIAH JAMES INGALLS	3 ACCOUNT # (Ethics Commission Filers) 00065845
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4 Date 5/14/2014	5 Payee name HARLAND CLARKE
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6 Amount (\$) \$19.50	7 Payee address; City; State; Zip Code NONE - WEBSITE
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) OTHER	(b) Description (If travel outside of Texas, complete Schedule T) CHECKS
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/17/2014	Payee name Vista Print
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Amount (\$) \$26.98	Payee address; City; State; Zip Code vistaprint.com
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Business Cards
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center">JOSIAH JAMES INGALLS</p>	3 ACCOUNT # (Ethics Commission Filers) <p style="text-align:center">00065845</p>
4 Date <p style="text-align:center">4/18/2014</p>	5 Payee name <p style="text-align:center">BRUCE ELFANT, TAX ASSESSOR/COLLECTOR</p>	
6 Amount (\$) <p style="text-align:center">\$12.00</p> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">5501 AIRPORT BLVD., AUSTIN, TX 78701</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">OTHER VOTER REGISTRATION DATA</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">CD OF RECENT VOTES-DIST. 7</p>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXEMPTION STATEMENT PER 2-2-26
(To be used only when no electronic filing of a
Campaign Finance Report (C&E) will be done)

NAME OF CANDIDATE OR COMMITTEE:

INGALLS JOSIAH JAMES
(Last) (First) (Middle)

ADDRESS: 8324 BURRELL DRIVE, AUSTIN, TX, 78757

DATE OF FILING: 7-14-14

STATEMENT

I/we, JOSIAH INGALLS (Name of Candidate or Committee), have not raised and do not intend to raise more than \$30,000 in contributions for the campaign period of APRIL 10, 20 14 through JUNE 30, 20 14. Therefore, I/we will not be filing our election contribution and expenditure reports (C&E) electronically. If contributions raised exceed \$30,000, I/we will file subsequent Campaign Finance Reports (C&E) electronically.

Josiah Ingalls
Signed by Candidate or Campaign Committee

7-14-14
Date

NOTE: The Code requires that if contributions exceed \$30,000, subsequent Campaign Finance Reports (C&E) must be filed electronically.